pplication or Docket Number

09910477

1

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

|                                                                          | ***                                            | mn 2)                                                                           | SMALL EN                          | OTHER THAN<br>OR SMALL ENTITY |                                  |                                         |                     |                        |               |                                                   |                                                  |     |  |
|--------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------|-------------------------------|----------------------------------|-----------------------------------------|---------------------|------------------------|---------------|---------------------------------------------------|--------------------------------------------------|-----|--|
| TOTAL CLAIMS                                                             |                                                |                                                                                 | 34                                |                               |                                  |                                         | RATE                | FEE                    |               | RATE                                              | FEE                                              | i   |  |
| FOR                                                                      |                                                |                                                                                 | NUMBER FILED                      |                               | NUMBER EXTRA                     |                                         | BASIC FEE           | 355.00                 | OR            | BASIC FEE                                         | 710.00                                           |     |  |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                |                                                                                 | 34 minus 20=                      |                               | • 14                             |                                         | X\$ 9=              |                        | OR            | X\$18=                                            | 252                                              |     |  |
| INDEPENDENT CLAIMS                                                       |                                                |                                                                                 | 7 minus 3 =                       |                               |                                  | t                                       | X40=                |                        | OR            | X80=                                              | 320                                              |     |  |
| MU                                                                       | LTIPLE DEPEN                                   | DENT CLAIM PI                                                                   | RESENT                            |                               |                                  |                                         | +135=               |                        | OR            | +270=                                             |                                                  |     |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                                                                 |                                   |                               |                                  |                                         | TOTAL               |                        | OR            | TOTAL                                             | 1282                                             | 131 |  |
|                                                                          | CI                                             | LAIMS AS A                                                                      | (Column 3)                        | SMALL                         | ENTITY                           | OR                                      | OTHER<br>SMALL      | THAN                   |               |                                                   |                                                  |     |  |
| AMENDMENT A                                                              |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                |                                   | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE                                              | ADDI-<br>TIONAL<br>FEE                           |     |  |
|                                                                          | Total                                          | •                                                                               | Minus                             | ••                            |                                  | =                                       | X\$ 9=              |                        | OR            | X\$18=                                            |                                                  |     |  |
|                                                                          | Independent                                    | •                                                                               | Minus                             | ***                           |                                  | =                                       | X40=                |                        | OR            | X80=                                              |                                                  |     |  |
| <u> </u>                                                                 | FIRST PRESE                                    | NTATION OF M                                                                    | ULTIPLE DE                        | PENDEN                        | T CLAIM                          |                                         | +135=               |                        | OR            | +270=                                             |                                                  | 1   |  |
|                                                                          |                                                |                                                                                 |                                   |                               |                                  |                                         | TOTAL<br>ADDIT. FEE |                        | OR            | TOTAL<br>ADDIT. FEE                               |                                                  | 1   |  |
|                                                                          |                                                | (Column 1)                                                                      | _                                 |                               | ımn 2)                           | (Column 3)                              | ·                   |                        |               |                                                   |                                                  |     |  |
| AMENDMENT B                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                       |                                   | NUI<br>PREV                   | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE                                              | ADDI-<br>TIONAL<br>FEE                           |     |  |
|                                                                          | Total                                          | •                                                                               | Minus                             | **                            |                                  | =                                       | X\$ 9=              |                        | OR            | X\$18=                                            |                                                  | 1   |  |
|                                                                          | Independent                                    | •                                                                               | Minus                             | ***                           |                                  | =                                       | X40=                |                        | OR            | X80=                                              |                                                  | 1   |  |
| ٩                                                                        | FIRST PRESE                                    | NTATION OF M                                                                    | IULTIPLE DE                       | PENDEN                        | IT CLAIM                         |                                         | +135=               |                        | OR            |                                                   |                                                  | 1   |  |
|                                                                          |                                                |                                                                                 |                                   |                               |                                  |                                         | TOTAL<br>ADDIT. FEE |                        | OR            | TOTAL<br>ADDIT. FEE                               |                                                  | 1   |  |
|                                                                          |                                                | (Column 1)                                                                      |                                   |                               | umn 2)                           | (Column 3)                              |                     |                        | _             |                                                   | <u></u>                                          |     |  |
| AMENDMENT C                                                              |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                |                                   | NU<br>PREV                    | HEST<br>MBER<br>(IOUSLY<br>D FOR | PRESENT<br>EXTRA                        | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE                                              | ADDI-<br>TIONAL<br>FEE                           | -   |  |
|                                                                          | Total                                          | *                                                                               | Minus                             | **                            |                                  | =                                       | X\$ 9=              |                        | OR            | X\$18=                                            |                                                  | 1   |  |
|                                                                          | Independent                                    | 1.                                                                              | Minus                             | ***                           |                                  | =                                       | X40=                |                        | OR            | You                                               | 1                                                | 1   |  |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                 |                                   |                               |                                  |                                         |                     |                        | 1             | ` <del>                                    </del> | <del>                                     </del> | 1   |  |
|                                                                          | If the enter in anti-                          | umn 1 is less than                                                              | the entry in co                   | lumn 2 w                      | rite "O" in o                    | olumn 3.                                | +135=               | ļ                      | OR            | TOTA                                              | <del> </del>                                     | 4   |  |
| •                                                                        | If the "Highest No                             | umn 1 is less than<br>umber Previously<br>umber Previously<br>mber Previously P | Paid For IN The<br>Paid For IN Ti | IIS SPACI                     | E is less th<br>F is less th     | an 20, enter "20."<br>van 3. enter "3." |                     |                        | OR<br>ox in c | ADDIT. FE                                         | Ē                                                | 1   |  |